



## CONTEST THEME: TOGETHER WE SUCCEED

To bring greater awareness of the importance of inclusion in society today, the Governor's Office of Disability Affairs (GODA) invites you to participate in the 2017 Inclusive Art Contest. GODA will accept entries that illustrate or describe ideas related to this year's theme and accompanying definitions of inclusion of persons with disabilities. A medal and special recognition from Governor John Bel Edwards will be presented to the winners. Contestants are encouraged to use art to share their vision, experiences and talents to demonstrate to this year's theme. Winning entries will be publicly displayed.

## ARTWORK CRITERIA

- All entries must be framed or ready to hang.
- Submissions must be no larger than 16 x 20 inches. Any suitable materials or computer generated design may be utilized.
- Entries must be packaged so that they are easy to carry, transport and display.
- GODA will not pay for postage due on parcels. Submissions must be mailed with adequate postage.

## CONTEST RULES

- Open to residents of Louisiana.
- No group artwork will be accepted.
- All entries must be received by September 1, 2017.
- Winning artwork may not be returned.
- Artwork not selected as winners may be picked up. GODA will not be held responsible for any artwork not picked up by December 1, 2017.
- By submitting your entry, you give GODA permission to use your art in support of the contest.
- The registration form must be typed or printed legibly in ink, signed and attached to the back of your entry. Please do not staple the registration form to your artwork.



# 2017 INCLUSIVE ART CONTEST

## REGISTRATION FORM

(PLEASE PRINT)

ARTIST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE (IF APPLICABLE): \_\_\_\_\_

**If your artwork is submitted through your participation in a school or organization, please list the information here:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

TEACHER/LEADER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I hereby grant the Governor's Office of Disability Affairs permission to use my likeness in photography in any and all of its publications, including website entries, without payment or any other consideration. I also understand all rules and regulations relative to this contest.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CONTESTANT'S SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE ENSURE ALL SUBMISSIONS ARE COMPLETE. MAIL ALL DOCUMENTS TO:**

Office of the Governor  
Attn: GODA  
900 N 3rd Street, 4<sup>th</sup> Floor  
Baton Rouge, LA 70802

*You may attach a photograph of the contestant to this form if you would like. One is not required.  
Photographs and other materials will not be returned.*